

FILED JAN 30 1945

Registration District No. 3063

Primary Registration District No. 3063

Registrar's No. 2660

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6226 Ridge Avenue
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME NELLIE BETTS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Wid.
6. (b) Name of husband or wife Charles Betts 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased August 28 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 26 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Ira C. Davis
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Gernald
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis County Hospital
(b) Address 601 Brentwood Blvd.

17. (a) Burial (b) Date thereof Dec. 27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodgiamont Ave.,

19. (a) DEC 25 1944 (b) Est. McLawrence (c) 101 Brentwood Blvd.
(Date received local registrar) (Registrar's signature) (Address) Date signed 12/23/44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Twenty-third
year 1944 hour Eleven minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 10 1944 to Dec. 23 1944,
that I last saw her alive on Dec. 23 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 5 days

Due to Degenerative heart disease ?

Due to Interochondral fracture, right 13 days

Other conditions Generalized arteriosclerosis ?
(Include pregnancy within 3 months of death)

1860
15
Major findings: Senile osteoporosis PHYSICIAN
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 0910
(b) Date of occurrence 12-10-44
(c) Where did injury occur? St. Louis, County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home in kitchen - fall
While at work? _____ (Specify type of place) (e) Means of injury

23. Signature M. M. D. (M. D. or other)
Address 101 Brentwood Blvd. Date signed 12/23/44

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. 3225
P. O. Address PO Louis m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.